



PTO/SB/01 (10-01)
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	TRAV0011
First Named Inventor	Vincent ARMENTANO, et al.
COMPLETE IF KNOWN	
Application Number	10/648,808
Filing Date	August 27, 2003
Group Art Unit	2121
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR KNOWLEDGE MANAGEMENT AND EFFECTIVE MENTORING OF INSURANCE CLAIM PROFESSIONALS

the specification of which - (Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **8/27/03** as United States Application Number or PCT International

Application Number **10/648,808** and was amended on (MM/DD/YYYY) _____ (if applicable).

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I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Vincent	Family Name or Surname		ARMENTANO
Inventor's Signature				Date 3/22/07	
GLASTONBURY Residence: City	CT State	US Country	US Citizenship		
68 Fairway Crossing					
Mailing Address					
Glastonbury City	CT State	06033 Zip	US Country		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Susan	Family Name or Surname		CRONIN
Inventor's Signature				Date	
Lakeville Residence: City	MA State	US Country	US Citizenship		
12 Old Powderhouse Road					
Mailing Address					
Lakeville City	MA State	01906 Zip	US Country		
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet		Page 1 of 1		
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)		Family Name or Surname				
Anastasia		TEPPER				
Inventor's Signature		Date				
Residence: City	Avon	State	CT	Country	U.S.	
Mailing Address	76 Stimpbach					
Mailing Address	City	State	CT	ZIP	06001	
	Avon				Country	U.S.
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)		Family Name or Surname				
Robert J.		MCNUGH				
Inventor's Signature					Date 3-22-04	
Residence: City	Saugus	State	MA	Country	US	
Mailing Address	5 Hillcrest Street					
Mailing Address	City	State	MA	Zip	01906	
	Saugus				Country	US
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)		Family Name or Surname				
Julia		MORGAN				
Inventor's Signature					Date	
Residence: City	Morgan	State	CA	Country	US	
Mailing Address	1206 River Drive					
Mailing Address	City	State	CA	Zip	94556	
	Morgan				Country	US

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			<input type="checkbox"/>	YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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Name					
Address					
City	State		ZIP		
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name ARMENTANO or Surname		
Inventor's Signature			Date		
GLASTONBURY		CT	US	US	
Residence: City		State	Country	Citizenship	
68 Fairway Crossing					
Mailing Address					
Glastonbury City		CT State	06033 Zip	US Country	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name CRONIN or Surname		
Inventor's Signature			Date		
Lakeville		MA	US	US	
Residence: City		State	Country	Citizenship	
12 Old Powderhouse Road					
Mailing Address					
Lakeville City		MA State	01906 Zip 02346-201	US Country	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 1 of 1

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Annmarie		TEPPER			
Inventor's Signature				Date	
Residence: City	Avon	State	CT	Country	U.S.
Mailing Address	16 Steeplechase				
Mailing Address					
City	Avon	State	CT	ZIP	06001
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Robert J.		MCHUGH			
Inventor's Signature				Date	
Residence: City	Saugus	State	MA	Country	US
Mailing Address	5 Hillcrest Street				
Mailing Address					
City	Saugus	State	MA	Zip	01906
Name of Additional Inventor, If any		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Julie		MORGAN			
Inventor's Signature				Date	
Residence: City	Moraga	State	CA	Country	US
Mailing Address	1206 Rimer Drive				
Mailing Address					
City	Moraga	State	CA	Zip	94556
Country		US			

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Inventor's Signature		Date	
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68 Fairway Crossing			
Mailing Address			
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Inventor's Signature		Date	
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Given Name (first and middle [if any])		Family Name or Surname		
Annmarie	TEPPER			Date <u>3/18/04</u>
Inventor's Signature <i>Annmarie Tepper</i>				
Residence: City Avon	State CT	Country U.S.	Citizenship	U.S.
Mailing Address 16 Steeplechase				
Mailing Address				
City Avon	State CT	ZIP 06001	Country	U.S.
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Robert J.	MCHUGH			Date
Inventor's Signature				
Residence: City Saugus	State MA	Country US	Citizenship	US
Mailing Address 5 Hillcrest Street				
Mailing Address				
City Saugus	State MA	Zip 01906	Country	US
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Julie	MORGAN			Date
Inventor's Signature				
Residence: City Moraga	State CA	Country US	Citizenship	US
Mailing Address 1206 Rimer Drive				
Mailing Address				
City Moraga	State CA	Zip 94556	Country	US

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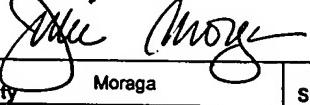
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NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Vincent (first and middle [if any])		Family Name ARMENTANO or Surname	
Inventor's Signature			Date
Residence: City Glastonbury	State CT	Country US	Citizenship US
68 Fairway Crossing			
Mailing Address			
City Glastonbury	State CT	Zip 06033	Country US
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Susan (first and middle [if any])		Family Name CRONIN or Surname	
Inventor's Signature			Date
Residence: City Lakeville	State MA	Country US	Citizenship US
12 Old Powderhouse Road			
Mailing Address			
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Annmarie		TEPPER			
Inventor's Signature				Date	
Residence: City	Avon	State	CT	Country	U.S.
Mailing Address	16 Steeplechase				
Mailing Address					
City	Avon	State	CT	ZIP	06001
Country		U.S.			
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Given Name (first and middle [if any])		Family Name or Surname			
Robert J.		MCHUGH			
Inventor's Signature				Date	
Residence: City	Saugus	State	MA	Country	US
Mailing Address	5 Hillcrest Street				
Mailing Address					
City	Saugus	State	MA	Zip	01906
Country		U.S.			
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Julie		MORGAN			
Inventor's Signature				Date 3-23-04	
Residence: City	Moraga	State	CA	Country	US
Mailing Address	1206 Rimer Drive				
Mailing Address					
City	Moraga	State	CA	Zip	94556
Country		U.S.			

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